



*Building Healthy Communities
One Family at a Time*

Toll - free 1-877 WeCare8
1-877-932-2738

Call 8 a.m. to 6 p.m., Monday - Friday

English, Spanish, Cantonese, Mandarin and Vietnamese

Other languages available through AT&T Language Line

The **ONLY** Healthy Families Program plan in Alameda County available for as low as
\$4 per child and a maximum of \$36 per family

Why Choose the Alliance? Alameda Alliance for Health (Alliance) offers members choice—with more than 1,100 doctors and other health care providers, 16 hospitals, 28 community health centers and more than 145 pharmacies throughout Alameda County. Our commitment to our members is to provide quality health care services.

How the Plan Works When you enroll in the Alliance, you may choose your child's doctor, one who meets your language needs and has office hours that are convenient for you. If you need a specialist, your doctor will refer you. If you want to change doctors, call our Member Services department at 1-877-932-2738.

The Alliance offers its members helpful services at no cost including:

- **Advice Nurse Services.** A nurse will take your call and provide helpful advice to make sure you get the care your family needs. Available 24 hours a day, 7 days a week, at no charge. Call toll-free: 1-800-922-1242.

Health Education

We offer programs to support your health. You may choose to attend classes, talk with someone on the phone, or request written information. Many health topics are covered, including:

- healthy eating
- exercise
- how to parent
- diabetes management
- asthma care.

Call 510-747-4577 for more information.

• Interpreter Services

The Alliance will help arrange for an interpreter for your doctor's visit. Call Member Services at 1-877-932-2738 for more information.

How to Choose Write "Alameda Alliance for Health" in the space provided on the form. If you have questions about the Alliance or need help choosing a doctor, call us toll-free at 1-877-932-2738.



BLUE CROSS EPO

1-800-227-3238

Call 7 a.m. to 5 p.m., Monday through Friday

Multiple Languages

A Blue Cross EPO or HMO plan is available in every county!

Why Become a Blue Cross Member?

- We have one of the largest selections of doctors in the Healthy Families Program. Call us for a listing!
- Blue Cross EPO has no PCPs; your child can go directly to any doctor or specialist in our EPO network.
- We are the low-cost Community Provider Plan in most counties... probably yours!
- You can talk to a nurse 24-hours a day, free.
- Teens have their own free, 24-hour information line.
- Blue Cross of California has been a trusted name in California health care for over 60 years.
- Nearly 5 million members in California depend on Blue Cross.

**Blue Cross of California is chosen by
more Healthy Families members statewide than any other plan!**

How Our Plan Works

You get the care you need: You can go to any doctor in our large Prudent Buyer network of pediatricians, family and general practice doctors - anywhere in the state. You can take your child directly to any Prudent Buyer specialist, when needed.

You get the prescriptions you need: You can use any of our many drug stores: Rite Aid, Walgreens, Longs, Sav-On and more, including lots of local, independent drug stores. Prescriptions are just \$5.

You get the answers you need: Our friendly and helpful Customer Service Representatives are available to help you Monday through Friday, 7 a.m. to midnight. For after-hours care, you can call your child's doctor or our nurse health information line.

We reward you for taking your infant for immunizations and your toddler for well-child visits. Our **Member Rewards Program** offers rewards like bicycle helmets, electronic thermometers, booster car seats, humidifiers and baby monitors.

How to Choose

Write **Blue Cross EPO** in the space provided on the form. Do you have questions? Call us at **1-800-227-3238**.

Blue Cross of California is an Independent Licensee of the Blue Cross Association.
® Registered mark of the Blue Cross Association.



BLUE CROSS HMO

1-800-227-3238

**Call 7 a.m. to 5 p.m., Monday - Friday
Multiple Languages**

A Blue Cross HMO or EPO plan is available in every county!

Why Become a Blue Cross Member?

- We have a large selection of doctors located near you.
- We are the low-cost Community Provider Plan in many counties... probably yours!
- You can talk to a nurse 24-hours a day, free.
- Teens have their own free, 24-hour information line.
- We have local Blue Cross staff in your community to help you.
- Blue Cross of California has been a trusted name in California health care for over 60 years.
- Nearly 5 million members in California depend on Blue Cross.

**Blue Cross of California is chosen by
more Healthy Families members statewide than any other plan!**

How Our Plan Works

You get the care you need: You can choose your doctor from our large network of pediatricians, family and general practice doctors. You can change doctors at any time by calling Blue Cross. Your child's doctor can send you directly to a specialist, when needed.

You get the prescriptions you need: You can use any of our many drug stores: Rite Aid, Walgreens, Longs, Sav-On and more, including lots of local, independent drug stores. Prescriptions are just \$5.

You get the answers you need: Our friendly and helpful Customer Service Representatives are available to help you Monday through Friday, 7 a.m. to midnight. For after-hours care, you can call your child's doctor or our nurse health information line.

We reward you for taking your infant for immunizations and your toddler for well-child visits. Our **Member Rewards Program** offers rewards like bicycle helmets, electronic thermometers, booster car seats, humidifiers, and baby monitors.

How to Choose

Write **Blue Cross HMO** in the space provided on the form. Do you have questions? Call us at **1-800-227-3238**.

Blue Cross of California is an Independent Licensee of the Blue Cross Association.
® Registered mark of the Blue Cross Association.

Questions? Call 1-800-880-5305. The call is free.

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Blue Shield of California

An Independent Member
of the Blue Shield Association

1-800-424-6521

Call 7 a.m. to 5 p.m., Monday - Friday

English, Spanish

(Help in 140 other languages through the Language Line Service)

Blue Shield of California has a 60-year tradition of superior member service. Our service professionals have continued to earn the trust and confidence of our more than 2 million current members.

Why Should You Choose Blue Shield EPO?

We care about your health

As a not-for-profit company, we are committed to putting our members first.

For the last four years Blue Shield has received the BlueCross BlueShield Association's "**Best of Blues**" awards for excellence. Our *Reach Your Peak* Asthma Program and our *Chart Your Course* Diabetes Program received "**Best of Blues**" awards for excellence in 2001-2003.

Our Web site, www.mylifepath.com, provides personalized health information 24 hours a day.

We offer a variety of health and wellness resources such as health management programs, preventive care newsletters and health education materials.

How Our Plan Works

With Blue Shield You Get Access to Quality Care: You choose your child's doctor from over 50,000 Blue Shield Preferred Providers. The EPO plan allows you to decide which Preferred Provider you would like to see each and every time you need medical care.

With Blue Shield You Can Fill Your Prescriptions Easily: You can get your child's prescriptions filled easily at any Blue Shield participating pharmacy: Long's, Rite-Aid, Sav-On and more, including many local and independent pharmacies throughout California.

With Blue Shield You Get Excellent Service: Our Member Services Representatives are here Monday through Friday from 7 a.m. to 5 p.m. to help you get the care your child needs. Call us at **1-800-424-6521**.

How to Choose

Write **Blue Shield EPO** in the space provided on the form. For help in selecting a Preferred Provider, contact Member Services at **1-800-424-6521**.

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Blue Shield of California

An Independent Member
of the Blue Shield Association

1-800-424-6521

Call 7 a.m. to 5 p.m., Monday - Friday

English, Spanish

(Help in 140 other languages through the Language Line Service)

Blue Shield of California has a 60-year tradition of superior member service. Our service professionals have continued to earn the trust and confidence of our more than 2 million current members.

Why Should You Choose Blue Shield HMO?

We care about your health

As a not-for-profit company, we are committed to putting our members first.

In 2003 the National Committee of Quality Assurance (NCQA) awarded us an "Excellent" Accreditation for the HMO commercial product, the highest possible rating for our service and clinical quality levels.

For the last four years Blue Shield has received the BlueCross BlueShield Association's "Best of Blues" awards for excellence. Our *Reach Your Peak* Asthma Program and our *Chart Your Course* Diabetes Program received "Best of Blues" awards for excellence in 2001-2003.

Our Web site, www.mylifepath.com provides personalized health information 24 hours a day.

We offer a variety of health and wellness resources such as health management programs, preventive care newsletters and health education materials.

How the Plan Works

With Blue Shield You Get Access to Quality Care: Choose a Primary Care Physician in your neighborhood from our large network of doctors in your neighborhood. This will be your child's regular doctor. Your child's doctor will provide referrals to specialists when needed.

With Blue Shield You Can Fill Your Prescriptions Easily: You can get your child's prescriptions filled easily at any Blue Shield participating pharmacy: Long's, Rite-Aid and Sav-On and more, including many local and independent pharmacies throughout California.

With Blue Shield You Get Excellent Service: Our Member Services Representatives are here Monday through Friday from 7 a.m. to 5 p.m. to help you get the care your child needs. Call us at **1-800-424-6521**.

How to Choose: Write *Blue Shield HMO* in the space provided on the form. For help in selecting a Personal Physician, contact Member Services at **1-800-424-6521**.

Questions? Call 1-800-880-5305. The call is free.

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A Plan for Healthy Families

1-800-530-2899

Call 8 a.m. – 5:30 p.m., Monday – Friday

English, Spanish, Vietnamese

and many other languages through the Language Line

Why Choose CalOptima Kids?

- CalOptima Kids is Orange County's Community Provider Plan, a health plan that provides top-quality medical care at prices you can afford.
- As a member, you can choose from over 600 primary care physicians and 400 pharmacies throughout Orange County.
- We have staff that speak your language and understands your concerns.
- We have a program that rewards our members when they get necessary check-ups and immunizations.

How the Plan Works:

- You choose a doctor from one of our Health Networks. This doctor will be your primary care physician (PCP) and will provide your routine medical care. In addition, your PCP can arrange any special care services you may need, including X-rays, therapy, or hospital care.
- You show your child's CalOptima Kids ID card at any one of our many pharmacies to fill a prescription and only pay the co-payment. Many pharmacies can even fill your prescription by mail.
- You call your health network if you want to change your primary care physician to another physician within your health network. You can make that change as often as once a month.
- You call your doctor if you have an emergency. If you cannot reach your doctor, call 911 or go directly to your nearest hospital emergency room. Make sure to always have your child's CalOptima Kids ID card with you.

How to Choose:

Write *CalOptima Kids-Plan Code 1006* and the name of the doctor you want in the space provided on the form. If you have questions about CalOptima Kids or need assistance selecting a doctor, call our Customer Service Department at **1-800-530-2899**.

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1-800-605-2556

Call 8:00 a.m. to 5:00 p.m. Monday - Friday

Our highly-skilled and friendly Member Services Representatives will assist you. We speak English, Spanish, Russian, Armenian, Vietnamese, Cantonese, Mandarin and many other languages.

Why join Care1st Health Plan?

With Care1st, you get a health care *partner* committed to ensuring you get the best care. Because good care is a partnership between you, your doctor and health plan.

- **We are local.** We work with doctors in your neighborhood who speak your language and understand your needs.
- **Special Care.** We work with many specialists to treat special health care concerns, when needed.
- **Free language assistance.** We will arrange **free** interpretation services for you during doctor and pharmacy visits so that you understand your care.
- **Need medicine?** Many of our 1,400 pharmacy partners are near you like Sav-on, Rite Aid and others. Many offer 24-hour service.

How Our Plan Works

Pick a Doctor. Choose a Primary Care Doctor (PCP) from our large selection of partners. He/she will handle all of your child's routine health care needs and arrange visits to specialists. Just make an appointment to see him/her.

You can change your child's PCP anytime for any reason - just call us at **1 (800) 605-2556**.

Health Plan Identification Card. We will send you an I.D. card for your child before his/her health coverage begins. Keep this card with you and show it whenever your child sees the doctor, goes to the hospital, or you pick up medicine for him/her.

We are here for you. Call us at **1 (800) 605-2556** if you have questions, a problem, or need assistance with your child's health care.

How to Choose

Write **Care1st Health Plan—Plan Code 1028** in the space provided on the form. Include your name and doctor choice too. If you need help just call us at **1 (800) 605-2556**.



1-800-700-3874

Call 8:00 a.m. to 5:00 p.m., Monday - Friday

www.ccah-alliance.org

English and Spanish

We use the Language Line for other languages.

Why Choose Central Coast Alliance for Health?

- We were created to improve health care access for the people in the Monterey Bay area.
- We are the local, non-profit community provider plan serving 83,000 people in Santa Cruz and Monterey Counties.
- Our Member Services staff is friendly, local, and speaks both Spanish and English.
- We have offices in Santa Cruz, Watsonville and Salinas.
- We have nurses, social workers and health educators on staff to help you when needed.
- Our members can choose from many doctors, clinics and pharmacies.
- Female members can see an OB/GYN doctor without a referral.

How the Plan Works

- You choose a doctor or clinic who will take care of your regular health care needs and who will refer you to a specialist when you need specialty care.
- You can change your primary care doctor as often as once a month.
- You can get prescription drugs from a choice of many chain and neighborhood pharmacies.
- Doctors prescribe from a list of drugs that is developed by local doctors and pharmacists. If your doctor thinks you need a drug that is not on the list, the doctor can contact our pharmacy staff for approval.
- If you need urgent care, you can call your doctor 24 hours a day, seven days a week.
- If you have an emergency, please go to the closest emergency room or call 911.

How to Choose

Write **Central Coast Alliance for Health** and your choice of a doctor or clinic in the space provided on the form. If you have any questions call us toll free at 1-800-700-3874. We're here to help you!



1-800-224-7766

24 hours a day, 7 days a week, 365 days a year
English, Spanish, Vietnamese & Tagalog
Over 140 other languages available through
the Language Line

Why Choose Community Health Group?

We have been caring for people in San Diego County since 1982. As of July 2003, we are now in the Southern half of Riverside County. As a nonprofit health plan, we reinvest our resources in new programs and services. Based on our large provider network, we have been designated San Diego County's *Community Provider Plan* for the past 7 years. This designation allows us to offer premiums that range from \$4 - \$12 per child per month.

Our members have access to:

- A 24-Hour Telephone Advice Nurse.
- Nearly 500 primary care doctors and over 1,900 specialty doctors.
- Over 300 pharmacies, including Rite Aid, Sav-on, Longs, Wal-Mart and many neighborhood pharmacies.
- Most local hospitals, including Children's Hospital and Scripps Hospitals.
- Multilingual health education services and materials.

How the Plan Works

- You can choose your doctor or we can help you find one who best meets your needs.
- You will receive a welcome telephone call during your first effective month.
- You will receive a welcome packet with information on our services, a Member ID Card, and a Prescription Drug Card.
- You can go to any of our pharmacies or order prescription drugs through the mail.
- Urgent care services are available 24 hours a day and are authorized through your doctor or referred by the Telephone Advice Nurse.
- For emergencies, call 911 or go to the nearest hospital emergency room.

How to Choose

Write **Community Health Group** and the name of the doctor you want in the space provided on the form. If you have any questions, or need help choosing a doctor, call us toll-free at **1-800-224-7766**.



1-800-475-5550

Call 24 Hours a Day
English and Spanish
Interpreting Services for All Other Languages

Why choose Community Health Plan?

Community Health Plan, in partnership with Universal Care and L.A. Care Health Plan, is proud to bring you a large network of physicians, and public and private hospitals. We provide eligible children with access to health care providers right in their community, including hospitals with special children's services. The partnership has been selected as the Community Provider Plan in Los Angeles County which offers your child many advantages, including:

- Premiums ranging from as low as \$4 per child per month to a maximum of \$36 per family per month
- Many, many choices: Thousands of doctors; over 1,400 pharmacies; many open 24 hours
- Doctors who speak your language and understand your culture and values
- Extended hours and weekend services
- 24-hour, toll-free Telephone Advice Nurse
- Urgent care centers open until 11:00 p.m., 7 days a week

How the Plan Works

- You can choose your personal primary care doctor when you enroll.
- To change doctors, call our Membership Services Office.
- You receive an ID card for medical services and prescriptions.
- Your primary care doctor will coordinate all your care.
- In an emergency, call 911 or go to the nearest Plan/emergency hospital room.
- All emergency transportation is covered.
- Prescriptions for brand name (specified by your doctor) and generic medications are filled at our pharmacies.
- Maintenance medications can be delivered by mail.
- Questions? Call our Membership Services staff for help.

How to Enroll

Write **Community Health Plan** and the **name and the code number of the primary care provider (PCP)** you are choosing in the space provided on the form. If you need help

in selecting a PCP, please call Community Health Plan at 1-800-475-5550, or Universal Care, 1-800-974-3348, or L.A. Care, 1-888-839-9909.



A Division of Contra Costa Health Services

1-877-661-6230

Call 8 a.m. to 5p.m., Monday - Friday
(except Holidays)
English and Spanish

Why Choose Contra Costa Health Plan?

Contra Costa Health Plan conforms to the highest standards to offer you peace of mind and high quality care. CCHP has the stability of over 30 years of service to more than 60,000 members. As the Community Provider Plan, our premium rates are the lowest. HFP premiums are \$4 or \$12 per month per child, and no more than \$36 per family per month.

How the Plan Works

You may have chosen a primary care provider (PCP) before enrollment. If not, you will be assigned one. You can change your PCP anytime. For help choosing a doctor or making a change, call Member Services at 1-877-661-6230 (Press 2 at the main menu).

If needed, your primary care provider can refer you to any contracted specialist.

If you become sick and feel you should see a doctor, call the 24-hour Advice Nurse Service. A nurse will assist you with advice or an appointment if necessary.

When you enroll you will be given an ID card. Use the ID card when you call for an appointment, or when you get emergency or urgently needed care when you are out of area. Be sure to keep it with you at all times. This card is also used to get prescriptions filled at a Pharmaceutical Care Network (PCN) pharmacy. Call the number on the back of the card to locate a pharmacy near you.

CCHP uses a Preferred Drug List and generic substitutes when they are available. If you need a drug not on the preferred list, your doctor will work with the Plan to get you the medicine you need.

How to Choose

Write **Contra Costa Health Plan** in the space provided on the form . If you need assistance with your form, call 1-800-211-8040.



Toll-free 1-800-327-0502

Monday-Friday 8:00 a.m. - 5:00 p.m.
Multilingual Customer Service

Why choose Health Net Life EPO?

Health Net has been around for more than 20 years. We provide health care coverage to Californians just like you. Our plan is affordable and designed to cover your medical needs. Our business is taking care of you.

1. One of California's largest health care plan providers
2. More than 2.4 million members
3. 48,000 contracted physicians, 420 hospitals, 4,400 pharmacies statewide
4. 24-hour Nurse Advice Line
5. Web site with doctor search function and health tips
6. Plan underwritten by Health Net Life, a subsidiary of Health Net
7. 24 hours a day, 7 days a week, multilingual Customer Services
8. Access to a variety of health and wellness resources and materials at no charge to you

How the Plan Works

- You choose a Primary Care Physician, who will be your regular doctor.
- Your doctor will provide specialist referrals when needed.
- You may switch your child's doctor as often as once monthly.
- Prescriptions are covered at participating pharmacies. Show your prescription and Health Net ID card when you present your prescription.
- Doctors use our approved list of drugs containing generic and brand name medications.
- For after-hours care, contact the office of one of the doctors in our network or call the 24-hour nurse advice line for immediate response.
- In case of emergency, call 911 or go to your nearest emergency room.

How to Choose

Write **Health Net Life EPO** and **plan code 1031** in the space provided on the form. If you need assistance choosing a doctor or completing the form, call **1-800-327-0502**.



Toll - free 1-800-327-0502
Monday - Friday 8:00 a.m. - 5:00 p.m.
Multilingual Customer Service

Why Choose Health Net HMO?

Health Net has been around for more than 20 years. We provide health care coverage to Californians just like you. Our plan is affordable and designed to cover your medical needs. Our business is taking care of you.

- One of California's largest health care plan providers
- More than 2.4 million members
- 48,000 contracted physicians, 420 hospitals, 4,400 pharmacies statewide
- Web site with doctor search function and health tips
- 24 hours a day, 7 days a week, multilingual Customer Services
- 24-hour Nurse Advice Line
- Access to a variety of health and wellness resources and materials at no charge to you
- Awarded the highest quality accreditation status of "Excellent" by the National Committee for Quality Assurance (NCQA) for our HMO Commercial Product.

How Health Net HMO works

- You choose a Primary Care Physician, who will be your regular doctor, and a physician group.
- Your doctor will provide specialist referrals when needed.
- You may switch your doctor as often as once monthly.
- Prescriptions are covered at participating pharmacies. Show your prescription and Health Net ID card when you present your prescription.
- Doctors use our approved list of drugs containing generic and brand name medications.
- For after-hours care, contact the office of your child's doctor or medical group for immediate response.
- For emergencies, call 911 or go to the nearest emergency room.

How to Choose

Write **Health Net HMO** and plan code 1010 in the space provided on the form. If you need assistance choosing a doctor or completing the form, call **1-800-327-0502**.



1-888-936-PLAN (7526)
Call 8 a.m. to 5 p.m., Monday – Friday
English, Spanish, Hmong, Vietnamese, and Cambodian

Why choose Health Plan of San Joaquin (HPSJ)?

- **Access**
You can access hospitals throughout the county and hundreds of doctors including many pediatricians!
- **Health Information**
You can speak to a nurse by phone and listen to our telephone library to learn about diabetes, asthma, and more!
- **Personalized Service**
We're just a phone call away and conveniently located in Stockton. You can receive application assistance and other information simply by visiting our office!
- **Affordable Rates**
As the Community Provider Plan for San Joaquin County, our premiums range from as low as \$4 per child to a maximum of \$36 per family!

ONE MORE REASON TO CHOOSE HPSJ . . .

HPSJ is the most commonly selected plan in San Joaquin County . . . you may have family, friends or neighbors who are also members of our plan!

How the Plan Works

When you enroll, you select your child's primary care doctor from our Provider Directory. This doctor will oversee your child's healthcare. You may change your child's doctor monthly.

Need specialty care? Your child's primary care doctor will refer you to an HPSJ specialist. If the appropriate specialist is not available within our network, we will assist your doctor in locating a specialist outside our network.

We will send you an identification card listing your child's doctor. Present this card each time you seek medical services. We encourage you to schedule an appointment with your doctor for preventive care as soon as you become a member.

In an emergency, always go to the nearest hospital. For non-emergency care, contact your child's doctor or our advice nurse 24 hours a day, 7 days a week.

How to Choose

It's easy! Write **HPSJ** in the space provided on the form. Have questions? Call 1-888-936-PLAN (7526).



Health Plan OF SAN MATEO

1-800-750-4776

Call 8:00 a.m. to 6:00 p.m.

English, Spanish, Tagalog, and many other languages through
interpreter services

Why Choose The Health Plan of San Mateo (HPSM)?

So you can get the health care you need from the doctors, clinics, and hospitals you know! HPSM has operated locally in San Mateo County for 17 years. We work with over 90 percent of the doctors in the county, 9 local hospitals, and more than 100 pharmacies. We have doctors who speak your language, understand your culture, and are close to your home or work. We are the Community Provider Plan for San Mateo County so your Healthy Families monthly premium range for the CPP is as low as \$4 per child to a maximum of \$36 for all children in your family.

How the Plan Works

Each Healthy Families member chooses a Primary Care Physician (PCP). Your PCP takes care of most of your basic health care needs. If there is an emergency, call your PCP anytime, including nights and weekends.

We can help you find a PCP who is right for you and your family. You can change your PCP at any time. If needed, your PCP will refer you to one of our many specialists. Members can get family planning and prenatal care without a referral. If you need medicine, your doctor will write you a prescription.

You will receive a welcome call from us, and we will send you a packet with membership information including a Member ID card. You should carry this card with you to all doctors' appointments and to pharmacies to get your medications.

What if I have a question about HPSM?

If you need help, or have a problem, call HPSM's Member Services Representatives at 1-800-750-4776.

How to Choose

To become one of our members, write *HPSM* in the space provided on the form.



INLAND EMPIRE HEALTH PLAN

1-866-294-IEHP (4347)

Call 8 a.m. to 5 p.m., Monday – Friday

Bilingual Staff – English and Spanish

Plus Over 140 Other Languages

IEHP has the lowest rates in the Inland Empire.

Why Choose Inland Empire Health Plan (IEHP)?

Your child comes first- We're non-profit. We think of your child's health first, not money.

Any help you need, you'll get- Healthy Families members gave us top score for customer service in two of the last three years rated.

You're in charge- Choose from over 600 Doctors, 23 major Hospitals, and more than 600 Pharmacies.

We care about keeping your child healthy- IEHP offers you one of the top-rated health education programs in California.

It's the Smart Choice- NCQA, the nation's premier quality monitoring organization for HMOs, has awarded our plan a "Commendable Accreditation", and our Health Management Program a "Full Accreditation". That's your assurance of high quality care.

How the Plan Works

Choosing Your Doctor: You'll choose a Primary Care Doctor who will be responsible for your child's medical care. If you want to change your child's Doctor, all it takes is a phone call to IEHP Member Services.

Getting Your Prescriptions: Our large network of Pharmacies lets you get your prescriptions right in your own neighborhood.

Doctor-2-Doctor makes seeing A Specialist easy: Your Doctor can send you directly to any IPA Network Physician Specialist for your child's first appointment. There's no wait for approvals. And female Members need no referral to see their IEHP OB/GYN.

Medical Help is always just a phone call away: If you need advice and your Doctor's office is closed, we have nurses to help you every night, and on holidays and weekends.

How to Choose

Write **IEHP** in the space provided on the form. **Or call us toll-free at 1-866-294-IEHP(4347).** Our bilingual staff can help you fill out the form.



1-800-464-4000

Call 7 a.m. to 7 p.m., 7 days per week

English, Spanish, Mandarin Chinese, Cantonese, Cambodian,
Farsi, Hmong, Laotian, Russian, Vietnamese

Why Choose Kaiser Permanente?

Kaiser Permanente physicians and health care professionals work together to give you comprehensive health care benefits. The benefits include:

- Physician and hospital services for your child
- Health education services and materials
- Urgent care clinics available on a same-day basis
- Laboratory, X-ray, and pharmacy services conveniently located at each medical facility
- Medical advice by phone and emergency services available 24 hours a day
- Well-baby care and immunizations
- Convenient evening and weekend hours
- Virtually no paperwork

How the Plan Works

Getting Started

Once enrolled, you will receive:

- A Kaiser Permanente ID card for each child enrolled
- *The Guidebook to Kaiser Permanente Services*—a useful guide to our medical facilities including addresses, phone numbers, directions and maps
- *The Healthwise Handbook*—a self-care guide for you and your family with helpful tips for over 180 health care problems

Getting Care

Upon your effective date of enrollment, you have access to Kaiser Permanente Healthy Families Program benefits and services. At that time, we encourage you to select a personal physician for each member of your family.

You can make an appointment by calling the appointment desk at the Kaiser Permanente facility that is most convenient for you.

How to Choose

Write **Kaiser Permanente** as your choice of health plan in the space provided on the form.



9700 Stockdale Highway

Bakersfield, CA 93311

1-800-391-2000

Member Services M - F 8 a.m. - 5 p.m.
English and Spanish

Why Choose Kern Family Health Care?

KFHC is here to make sure your children receive quality health care with a doctor they like. KFHC is local, our providers are local, our services are local and we have a strong commitment to our community. We have a large provider network which includes doctors, clinics, hospitals and pharmacies in Kern County. We also offer health education classes and services to help your children stay healthy. KFHC is the Community Provider Plan (CPP) in Kern County. This designation allows us to offer premiums that range from \$4 - \$12 per child per month.

How the Plan Works

- ♥ Each member chooses a primary care doctor from our list (Provider Directory). This doctor will help you with all of your child's health care needs.
- ♥ If your child needs special care, KFHC will refer you to a KFHC specialist.
- ♥ Each time your child needs health services, you make an appointment with the doctor you choose and present your child's KFHC ID card.
- ♥ Prescription drugs are covered. Visit any pharmacy listed and show your child's KFHC ID card.

Kern Family Health Care Services

- ♥ More than 500 health providers to take care of your child.
- ♥ 9 hospitals to serve you.
- ♥ 24 Hour Advice Nurse.
- ♥ KFHC offers health education classes for our members, like: How to eat right, How to care for your baby, How to lose weight or Stop smoking.
- ♥ Interpretation Services.

How to Choose Kern Family Health Care

Write the number **1015** and **Kern Family Health Care** in the space provided on the form. If you need assistance, call 1-800-391-2000.



1-888-839-9909

Call 8 a.m. to 5 p.m., Monday - Friday

English, Spanish, Cantonese, Mandarin, Vietnamese, Armenian, Farsi,
Tagalog, Khmer, Korean, Russian

Why Choose L.A. Care Health Plan?

L.A. Care Health Plan's mission is to provide your child with good quality and affordable health care services. As a community-accountable health plan, we also ensure delivery of culturally and linguistically sensitive health care, dedicated to improving the health of families throughout Los Angeles County. That is why we have a large network of doctors, hospitals, and pharmacies in your neighborhood! You can visit our website at www.lacare.org to see the doctors we offer in your area. Also, you can see which prescription drugs are covered under our plan.

L.A. Care understands the importance of raising a healthy child, and we want to partner with you to help raise a healthy family.

How the Plan Works

- You choose a Primary Care Physician (PCP) from any provider group listed in the L.A. Care Healthy Families Provider Directory.
- You can change your child's PCP once a month. To choose a new doctor, call L.A. Care toll free at 1-888-839-9909.
- Your child will receive a Free Initial Health Assessment, yearly health check-ups and well-child visits.
- Your child's PCP will coordinate all your child's healthcare needs and, when necessary, specialty and hospital care.
- You may fill your child's prescriptions at any pharmacy in L.A. Care's Pharmacy network.
- You have access to health care 24 hours a day, 7 days a week.
- Female members can see an OB/GYN doctor without a referral.
- Free emergency transportation

How to choose L.A. Care Health Plan

Write **L.A. Care Health Plan** in the space provided on the form and select a Primary Care Physician. If you have questions or need assistance, call L.A. Care toll free at **1-888-839-9909**.

Questions? Call 1-800-880-5305. The call is free.

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1-800-643-7276

Call 8:30 a.m. to 5:30 p.m., Monday - Friday
English, Spanish, and other languages

Why Choose Molina Healthcare of California?

Molina Healthcare has provided quality care to California families for more than 20 years. So we know how to design our services to meet your family's needs. At Molina Healthcare, you get...

- **Choice**
With nearly 8,362 primary care doctors and specialists, you can get a doctor right in your neighborhood. Molina Healthcare members can visit Molina clinics or the contracted primary care doctor of their choice.
- **24-Hour Nurse Advice Line**
Molina Healthcare offers a 24-hour, 7-day a week Nurse Advice Line staffed by registered nurses.
- **Same-Day Appointments at a Molina clinic**
Molina Healthcare offers same-day appointments at our 21 conveniently-located Molina Medical Centers' clinics.
- **Family Health Care**
Molina Healthcare has programs such as prenatal and asthma management that are designed to keep your child healthy.
- **Large Pharmacy Network**
You can go to a drugstore right in your neighborhood including Sav-on, Rite Aid, Walgreens and more.

How the Plan Works

- You choose a Primary Care Doctor, who will be in charge of your child's health care needs. Because your choice of doctor is important, you may switch your child's doctor as often as once a month.
- Your child's Primary Care Doctor will refer your child to a specialist, if needed.
- Your child's prescriptions are covered at our participating pharmacies.
- You will also receive a listing of our hospitals.

How to Choose

Simply write **Molina** in the space provided on the form and enter plan code #1017. We can help you select a doctor that best fits your child's medical needs. Give us a call at 1-800-643-7276.

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The Healthy Families Program Handbook - June 2005



1-888-558-5858

Call 8:30 a.m. to 5:30 p.m., Monday - Friday
English, Spanish, Chinese, & Vietnamese

The ONLY Healthy Families Program health plan in San Francisco offering the lowest cost of \$4 - \$12 per child and a maximum of \$36 per family.

Why Choose San Francisco Health Plan?

More Healthy Families Program members choose San Francisco Health Plan than any other plan in San Francisco!

- **Doctors:** You choose your own doctor. We have over 2,300 providers with 6 of the best hospitals, 1,700 specialists, and 200 pharmacies - all in your neighborhood and who speak your language.
- **Low Cost:** As the only "Community Provider Plan" for San Francisco, your child receives the best medical care at the lowest price. Your monthly rates range from as low as \$4 a child to a maximum of \$36 per family.
- **Quality Care:** We work hard to give you the best care and customer service. We have a strong commitment to our community and the health of your children.

How the Plan Works

- When you enroll, choose a doctor that is right for your child. We can help you find a doctor and you can change doctors any time for any reason.
- Your doctor will help with all your child's health care needs and refer you to a specialist or hospital when needed.
- Women can see their OB/GYN without referral.
- You will receive a welcome packet with complete membership information along with your Member ID card.
- Present your ID card at doctor appointments or your pharmacy to pick up prescriptions right in your neighborhood.
- We are here for you every day -- for all your health care needs.

How to Choose

Simply write *San Francisco Health Plan* in the space provided on the form or call us at 1-888-558-5858. Our friendly bilingual staff can help you fill out the form, answer any questions, or help you choose a doctor.



1-800-421-2560 ext. 325

Call toll free 8 a.m. to 5 p.m., Monday–Friday
Spanish and English

plus other languages—using Language Line Interpreters

Serving all communities in Santa Barbara and San Luis Obispo Counties

Why Choose Santa Barbara Regional Health Authority?

Lowest rates in Santa Barbara County

- As low as \$4 per child to \$36 maximum per family per month

Access

- Over 548 individual doctors
- Health centers including: American Indian Health & Services, Community and Neighborhood Clinics, County Health Clinics, all hospitals in Santa Barbara and San Luis Obispo Counties, and over 80 pharmacies

Santa Barbara Regional Health Authority (SBRHA) is your local health plan headquartered in Santa Barbara. We help thousands of kids per year! Our Member Services staff live and work here and know the community. They are available for you daily from 8 a.m. to 5 p.m. at **1-800-421-2560 ext. 325** for information and inquiries.

How the Plan Works: It's easy!

- Choose SBRHA and pick one of the Primary Care Physicians (PCP) from our list (almost all of our PCP offices have staff who speak Spanish). We will send you a new member welcome packet with an ID card and Evidence of Coverage / Member Handbook.
- The PCP you choose for your child will provide care and refer your child to other doctors if needed. You can change PCP anytime.
- You can even call some of the other doctors yourself to arrange an appointment directly:
 - gynecologists for yearly well woman exams
 - chiropractors for 20 visits per year
 - acupuncturists for 20 visits per year
- Plus, you can get the prescription drugs you need from pharmacies right in your neighborhood.

How to Choose: Write *Santa Barbara Regional Health Authority*, the plan code **1020**, and the PCP you want in the space provided on the form.

If you have questions, call us toll free at **1-800-421-2560 ext. 325**. Or visit our web site at www.sbrha.org



Santa Clara Family Health Plan

1-800-260-2055

Call Member Services 8:30 a.m. to 5:30 p.m., Monday - Friday

Call the Nurse Advice Line 24-hours

English, Spanish, Vietnamese, and over 100 other languages

Why Choose Santa Clara Family Health Plan?

- You get the best rates in Santa Clara County. Your monthly rates range from \$4 per child to a maximum of \$36 per family.
- You choose your own doctor. We have more than 1,400 doctors, 10 hospitals, 190+ pharmacies.
- Last year Healthy Families members gave us one of the *highest ratings in the State* for member's Health Plan experiences.
- More than 50% of the Healthy Families Program members in Santa Clara County choose Santa Clara Family Health Plan.
- You receive comprehensive benefits: doctor visits, prescriptions, hospital, emergency room, immunizations and well-baby care.
- You also get: 24 hour nurse advice line service, acupuncture, chiropractic services, interpreter services, asthma programs, and free health education classes and support groups on many topics.

How the Plan Works

- A plan representative will call to welcome you and invite you to a member welcome reception and orientation.
- You will be invited to join our Consumer Advisory Committee.
- You can change doctors any time for any reason.
- Your doctor will refer you directly to a specialist when you need to see one.
- We will arrange for an interpreter for your doctor visits.
- You can use any of our 190+ pharmacies, including Longs, Walgreens, Rite Aid, Sav-On, Safeway, Albertsons, K-Mart, Target, Costco, and many independent pharmacies.
- Women can see their OB/GYN without a referral.
- We're here for you all day, every day. If you need care, and your doctor's office is closed, you may go to the emergency room or call 911. Call your doctor any time or call our nurse advice line 24 hours a day.

How to Choose

Write **Santa Clara Family Health Plan** in the space provided on the form. Questions? Call us at 1-800-260-2055.



UHP HEALTHCARE

1-800-544-0088

Call: 8:00 a.m. to 5:00 p.m., Monday - Friday

English and Spanish

Other Languages available through telephonic interpreter

Why Choose UHP HealthCare?

Since 1973, UHP Healthcare has been part of the community. As a federally qualified, non-profit Health Maintenance Organization (HMO), we are committed to providing convenient access to comprehensive healthcare. Over 78,000 members rely on us for their medical care.

- UHP Healthcare offers an extensive network of Primary Care Physicians (PCPs) and Specialists. You will find medical offices with convenient locations and hours, as well as a network of physicians who speak over 30 languages.

How the Plan Works

At enrollment, you select a Primary Care Physician (PCP) from among our network providers. This physician takes care of your routine needs and Specialist referrals.

- Once enrolled, you receive a UHP Healthcare membership card. Present it when you request services. There are no claim forms. Your UHP card is also used to receive prescriptions from the network pharmacies.
- The UHP Healthcare Member Services Department's phone number is listed above, as well as on the membership card. You may call this number if you have questions or concerns. For example, to change to a new PCP, you just need to call Member Services and the change will take place on the 1st day of the following month from when you make the phone call. Should you have questions, comments, or concerns regarding benefits or accessing services, contact Member Services.
- In an emergency, whether you are within or outside of UHP Healthcare's service area, call 911 (if available) or go directly to the nearest emergency facility.

How to Choose

Simply write "UHP Healthcare" as your choice of health plan in the space provided on the form. Please call Member Services at 1-800-544-0088 if you would like assistance in selecting a PCP.



1-800-974-3348

Call 8:00 am to 8:00 pm PST, Monday - Friday
140 Languages through the AT&T Language Line

Why Choose Universal Care?

Universal Care was designed with your family's health care needs in mind. We provide comprehensive health care services, a member services toll-free "800" number for questions and personal assistance, a 24-hour Nurse Advice Line and an extensive choice of primary care physicians with convenient weekend hours.

Universal Care's Commercial Plan has a Commendable accreditation by the National Committee for Quality Assurance (NCQA).

In Los Angeles County we partner with Community Health Plan, to bring you an affordable premium and a large network of public and private physicians and hospitals.

How the Plan Works

With Universal Care you choose a doctor at the time of enrollment. You can select one doctor for the entire family or a different doctor for each family member. Because doctor choice is important, you can change your doctor once a month.

Once you have chosen your doctor, and if you need specialty care, your doctor will assist you with any referrals. Our female members may see an OB/GYN doctor directly without a referral.

For emergency or urgent care, you may call the 24-hour emergency toll-free number listed on the Member Identification Card, and trained medical personnel will be available to assist you.

How to Choose

Write **Universal Care and the Plan code #1026** in the space provided on the form. In Los Angeles County, please use Community Health Plan, code # 1008 and the Universal Care Doctor Code.

If you need assistance in selecting a doctor in your area, please call the toll-free number listed above.



1-805-677-8787 or 1-800-600-8247

English and Spanish

Why Choose Ventura County Health Care Plan?

Our Health Plan was developed specifically for the residents of Ventura County and has been designated the "Community Provider Plan" for this area by the State of California. This means that we have done the best job of making traditional and safety net health care providers available to care for your children. Our doctors are located in your neighborhood and are the same ones your family has depended on before for medical care.

How the Plan Works

- You choose the primary care doctor who will be your child's regular doctor.
- You have the freedom to change primary care doctors, should you desire, simply by contacting our Member Services department.
- You will receive a Healthy Families Member ID Card for medical services and prescriptions.
- Your child's primary care doctor will arrange for specialist and hospital care when necessary.
- Female members can see an OB/GYN doctor without having to be referred by their primary care doctor.
- Prescription drugs are available from most pharmacies in your community, including Long's, Sav-On, Rite Aid, Medicine Shoppe, Costco, Vons, K-Mart, and many neighborhood pharmacies.
- Certain prescriptions can be sent to you by mail.
- Wherever you live in Ventura County, we have 24-hour urgent care and emergency facilities close by.
- Emergency follow-up care will be provided by your child's primary care doctor.
- You can call one of our Member Services representatives any time you have questions.

How to Choose

Write **VCHCP** in the space provided on the form. Write the name of the medical group or physician you select for each child or teen in the space indicated on the form.

If you need assistance selecting a doctor that best fits your special needs, or have any other questions about the VCHCP health plan, please give us a call at 1-805-677-8787. We're here for you!



1-888-849-8440
8:30 a.m. to 6 p.m., Monday - Friday
English and Spanish

Why Choose Access Dental

We have a large number of general and specialist dentists from whom to choose. Our dentists understand the needs of families with children and provide top quality care.

We make it easy for you. Access dentists are located all over California, so there is likely to be one in your neighborhood. We have many dentists who speak Spanish and other languages. Our network dentist offices are open at least 30 hours a week.

With Access Dental you can get the help you need. We will help you find a dentist near your home, who speaks your language - call us toll-free at 1-888-849-8440.

How Access Dental Works

When your children join Access, you choose a primary care dentist for each child. This is the dentist who regularly takes care of your child's teeth. We want you to choose a dentist that's right for you - the right location, the right language, and the right office hours. If you need to change dentists, you can - just call us **toll-free at 1-888-849-8440** and we will help you make the change.

After you choose a dentist, you can call for an appointment. Your child can usually be seen for check-ups, routine, or follow-up care within one week. If your child needs a specialist, ask the primary care dentist first. The dentist will work with Access to find the best specialist for your child.

Access dentists can treat emergencies during office hours on the same day you call. If you cannot reach your child's primary care dentist, go to the closest dentist or emergency room, no matter where you are. Emergency care is available 24 hours a day.

You may call our toll-free line for assistance scheduling any type of appointment (**1-888-849-8440**).

How to Choose

Write *Access Dental* in the space provided on the form.



Delta Dental of California

1-877-580-1042

7:15 a.m. to 5:00 p.m. Monday - Friday

English and Spanish

Interpreter Services Available for Other Languages

Why choose Delta Dental?

Delta Dental has provided dental healthcare to Californians since 1955. Delta is the oldest and largest dental health carrier in California, covering over 15 million Californians. We are a non-profit corporation committed to providing customers with access to quality dental healthcare.

How the Plan Works

As a member of Delta Dental, you have access to over 11,600 dentists in our Healthy Families network. Many are in your area. You do not need permission to see a specialist.

With Delta, you can visit any Healthy Families network dentist you wish, and you can change dentists at any time without notifying us. But, it is best to find a dentist you like in your area and see that dentist regularly.

If you cannot find a dentist in your area who speaks your language or has access for the disabled, call our toll-free Customer Service listed above and we will help you find a dentist.

All network dentists provide access to emergency dental care 24 hours a day, 7 days a week. First call your network dentist if you have an emergency. If you cannot reach your regular dentist, or if you have not yet visited a network dentist, call our toll-free Customer Service number for assistance. This also applies if you are out of your area or out of state. You are covered for dental emergencies no matter where you are.

Delta's Customer Service staff speaks English and Spanish, and has access to interpreters for many other languages. Call our toll-free telephone number. You will be assisted in your language or helped to obtain an interpreter. Our goal is to provide each member with quality dental care.

How to Choose

Write *Delta Dental* on your application in the space provided for dental plan choice.

If you have access to the Internet, log on to www.healtheapp.net and select *Delta Dental*.



PREMIER ACCESS

1-888-584-5830

8:30 a.m. to 6 p.m., Monday - Friday
English and Spanish

Why Choose Premier

- **More choices**

Premier has a large network of providers that have been credentialed by us. In areas where there are no network providers close to your residence, Premier will allow you to receive care from any provider. Under our program, you are guaranteed access to a provider, either a network provider or non-network provider in areas where there are no contracted providers.

- **More flexibility**

You can choose a provider for any reason you think is important. You can change your dentist at any time. You can choose a dentist whose office is the most convenient for you, and who speaks your language.

- **More help**

You can call Premier's toll-free telephone help line at 1-888-584-5830 for answers to your questions, help finding a certain kind of dentist, or help scheduling appointments.

How Premier Works

When you join Premier, you can go to any of the PPO dentists in your community. If in your area there are no PPO dentists, we will refer you to a non-network dentist or you may select your own dentist in those areas. After you choose a dentist, you may call for an appointment.

If you need a specialist you can ask your Premier primary care dentist for a referral.

Whenever your child visits any dentist, take your Premier identification card along. When you show this card at the dentist's office they will call us to verify your eligibility and benefits.

Premier primary care dentists treat emergencies during office hours on the same day you call. If you cannot reach your regular dentist, go to the closest dentist or emergency room, no matter where you are. Emergency care is available 24 hours a day.

How to Choose

Write **Premier** in the space provided on the form.



SafeGuard®

Member Services (800) 880-3080

Call 6 a.m. - 6 p.m., Monday - Friday

English, Spanish, Chinese, Cambodian, Russian plus Interpreter Services
Available for other Languages

Why Choose SafeGuard Dental?

For over 30 years, SafeGuard Dental has been providing group dental benefit programs. Our continued success is based on our superior service, quality products and member satisfaction. At SafeGuard Dental, our members are our first priority. With one of the largest networks in California, we provide excellent access to our members.

How the Plan Works

When you enroll your child with SafeGuard Dental, you need to choose a Primary Care Dentist from SafeGuard Dental's list of participating dentists. Different family members may select different dentists. Our list of dentists indicates what ages of members the dentist will see and what languages they speak in each office.

Upon enrollment, SafeGuard Dental will send a membership ID card that indicates the Healthy Families Program member's Primary Care Dentist. You may change Primary Care Dentists by calling SafeGuard Dental's Member Services Department before the 20th day of the month. Members may see the new dentist beginning on the first day of the next month. On average, an appointment for a routine check-up will be scheduled two to three weeks from the date that you call for an appointment. When you attend the appointment, you should be seen within 30 minutes. If a specialist is needed, the Primary Care Dentist will get a referral from SafeGuard Dental. SafeGuard Dental must approve the referral before a specialist is seen.

If emergency dental care is needed, call the Primary Care Dentist for an appointment right away. If the emergency happens at night or on the weekend, call SafeGuard Dental's Member Services Department 24 hours a day, 7 days a week for instructions. If a Participating Dentist is not available, your child may get emergency dental care from any dentist.

How to Choose

Write SafeGuard Dental in the space provided on the form.

*Benefits provided by SafeGuard Health Plans, Inc.



Universal Care Dental
1-800-635-6668
Call 8:00 a.m. to 5:00 p.m. PST
140 Languages through the AT&T Language Line

Why Choose Universal Care?

Universal Care was designed with your child(ren)'s dental care needs in mind. Discover the quality of care and service that our members enjoy...all at an affordable premium with a convenient network of quality dentists and dental specialists.

We provide comprehensive dental services, such as regular check-ups, preventive services, a member advocate "800" number for questions and personal assistance, a 24-hour, 7-days per week Advice Line staffed by trained personnel, with 24-hour support from dentists.

How the Plan Works

It's simple! All dental care is provided by an organized group of dentists, registered dental assistants, and other dental care professionals who work together as a team to deliver dental care in a fully coordinated manner. All dental care and treatment is arranged by your selected Primary Care Dentist, with the exception of emergency care. The time between making an appointment and receiving a checkup is usually less than two weeks, follow up care is between 2 - 4 weeks or within 24 hours for emergencies.

At the time of enrollment, you will select a Primary Care Dentist from our extensive list of qualified dentists for your child. You may choose your dentist as often as you desire by calling the member services department.

Your dentist will assist you if a referral for specialty care is needed.

For emergency or urgent care, call the 24-hour emergency toll-free number listed on the Member Identification Card and trained personnel will be happy to answer any questions.

How to Choose

To enroll in Universal Care's Dental Plan, write **Universal Care** and the plan code #2005 in the space provided on the form. Then select a Primary Care Dentist from the Provider Directory. If you need assistance in selecting a dentist in your area, please call the toll-free number listed above.

We look forward to welcoming your child(ren) as our newest Universal Care Dental Plan members.



1-800-805-8000
8:30 a.m. to 5:00 p.m., Monday-Friday
English and Spanish
Interpreter Services Available for Other Languages

Why choose the Western Dental Plan?

For over 50 years, Western Dental has offered quality dental care to California residents of all ages. Western Dental owns and operates over 160 state-of-the-art Western Dental Centers throughout California where we are proud to offer the convenience of extended hours on weekdays and weekends. At our Western Dental Centers, you will be treated by friendly, bilingual staff who are eager to assist you.

Western Dental offers over 2,300 General and Specialty Dentists among our Western Dental Centers and Independent Providers. With our extensive Healthy Families Network, you will find a dentist who meets all of your dental needs.

How the Plan works

After selecting Western Dental, you will choose a primary care dentist for each child from Western Dental's Provider List. Our list provides information regarding the language capabilities of the office staff and the hours of operation to assist in selecting a dentist who meets your needs. The relationship between patient and dentist is an important one - if you need to change dentists you may do so at any time by calling us at (800) 992-3366.

After selecting a dentist, you can make an initial appointment. Your child will be seen within 1-2 weeks from the date you call to schedule the appointment. Any required follow-ups will be scheduled within 1-2 weeks. If your child needs to see a specialist, your dentist will work with Western Dental to ensure that you get the appropriate referral within one week of the request.

In the event of any emergency, you will be seen immediately. Western Dental provides emergency care 24 hours a day, 7 days a week. If your dentist is not available when an emergency occurs, call Western Dental at (800) 522-0056 for instructions.

How to choose Western Dental

Write **Western Dental** in the space provided on the form.



866-723-0390

5:00 a.m. to 7:00 p.m. PT Monday through Saturday

7:00 a.m. to 5:00 p.m. Sunday

English, Spanish, over 150 languages through translation services

EyeMed Vision Care offers a vision care program that combines choice, high quality and value with service excellence. Our primary goal is to meet our members' vision care needs. We have developed a large network that includes independent providers and retail optical chains. Our focus on quality shows through our high provider standards and monitoring, and through the wide variety of quality products offered by providers. We give members additional discounts on eyewear so they save more on vision care. EyeMed also has some of the best customer service options in the industry, including the most extensive hours of operation, self service functions for faster service, and an interactive website.

Why Choose EyeMed Vision Care

EyeMed Vision Care is one of the leading vision plans in the country. With EyeMed, you can receive discounted vision exams and eyewear at over 5,500 locations across California. Our provider panel includes independent doctors and some of the nation's largest optical retailers, including LensCrafters, Sears Optical, Target Optical, JC Penny Optical and select Pearle Vision locations.

How the Plan Works

Your EyeMed vision benefit is based on fixed co-payments and allowances. You will pay \$5 for eye exams and standard plastic lenses. The benefit for eyeglass frames is based on an allowance, which means that you have \$70 to apply toward the retail cost of frames. If you choose a frame that costs more than that, you will receive a 20% discount off the remaining amount. For contact lenses, you have \$110 to apply toward the cost of the contact lenses. If you go over that amount, you will receive 15% off the remainder. Your provider will help calculate what you owe.

Using your EyeMed benefit is simple. When calling to make an appointment, let the scheduler know you are an EyeMed member. On the day of the exam, show your EyeMed ID card so the doctor knows your benefit levels. At this time, you pay any co-payments and out-of-pocket expenses. The office staff will take it from there!

Our Mission: To Serve and Inspire with Excellence

How to Choose

Write EyeMed in the space provided on the form.



1.800.880.3080

6:00 a.m.-6:00p.m., Monday - Friday

English, Spanish, Chinese, Cambodian & Russian

(Interpreter services available for other languages)

Why choose SafeGuard for your vision benefits?

SafeGuard has been providing benefits for people just like you for more than 30 years. Our success is based upon a high degree of member satisfaction - at SafeGuard, our members are our first priority.

How does this vision plan work?

With this plan you may have an eye exam once a year. You may get new lenses or contacts once a year. Frames can be replaced every 24 months. This plan allows you to see a vision care provider who has contracted with SafeGuard, or you may seek care from a non-contracted provider. There is no need to select a provider at enrollment. When you are ready to make an appointment, just call the vision care provider of your choice and let them know you have SafeGuard vision coverage.

You may see one of the 3,500 vision care providers in the SafeGuard California network. This network includes providers at many of the locations you visit regularly like Sears, J.C. Penny, Target, and Walmart. If you choose standard lenses and approved frames, your cost could be as little as \$10.

You may also see a vision care provider that is not in the SafeGuard network, although the amount you pay will be much higher. If you see a non-network provider, you will file a claim with SafeGuard and be reimbursed the amount shown on your Schedule of Benefits under the "Out-of-Network Coverage" column. You are responsible for the charges above the reimbursement amount.

Full plan information is included in your Schedule of Benefits, and SafeGuard's Member Services Representatives are available to help with your questions.

How to choose SafeGuard

Write "SafeGuard Vision" in the space provided on the form.

Benefits underwritten by SafeHealth Life Insurance Company



1-800-877-7239

Call 6 a.m. to 6 p.m. Monday - Friday

English and Spanish

(Interpreter Services Available for Other Languages)

Why Choose VSP?

Vision care is a very important health benefit. Regular eye care can prevent or lessen the severity of a number of serious medical conditions. More than 30 medical conditions, ranging from glaucoma to diabetes, can be detected during a routine eye examination. Founded in 1955, VSP began providing high quality, complete eye care services to members. Today, VSP is the nation's largest eye care provider and covers over 11 million Californians. VSP's provider network includes over 3,687 optometrists and ophthalmologists at 2,885 locations, providing 4,945 points of access throughout California.

How the Plan Works

Simply contact a VSP provider. If you do not have a list of VSP member doctors, call VSP's Customer Service Department at 1-800-877-7239, or write to: VSP, Customer Service, P.O. Box 997100, Sacramento, CA 95899-7100. When making an appointment, identify yourself as a VSP member through the Healthy Families Program and provide the subscriber's identification number. The participating doctor will contact VSP to verify eligibility and plan coverage. At your appointment, your doctor will provide an eye examination and determine if eye wear is necessary.

You pay only a \$5 co-payment to the doctor for the eye exam and a \$5 co-payment for glasses. Your doctor will bill VSP directly for covered services (you may be charged extra for non-covered cosmetic options). If you elect contact lenses, a \$5 co-payment will be required for the eye exam.

All VSP doctors provide both eye examinations and eye wear, providing a convenient "one stop" means of obtaining eye care services. Patient satisfaction is guaranteed when services are obtained from a VSP doctor.

How to Choose

Write **VSP** in the space provided on the form.